

Secretary of State
State Capitol
500 E. Capitol
Pierre, SD 57501-5070
605-773-4845

File Date: _____

Receipt No. _____

**Domestic and Foreign Annual Report
LIMITED LIABILITY PARTNERSHIP**

Filing Fee: \$30.00 Additional penalty fee of \$50 applies to all late filings

L.L.P. Name and Address:

Telephone # _____

FAX # _____

FILING DATE: Due during the anniversary
month of registration with the SD Secretary of State and
delinquent after the last day of the following month.

Annual report pursuant to SDCL 48-7A-1003 of a Limited Liability Partnership.

1. The name of the limited liability partnership is: _____

2. The limited liability partnership is organized under the laws of the state of _____

3. The address of its chief executive office and if different, the street address of an office of the partnership in this state, if
any; _____

4. The name and street address of the South Dakota agent for service of process is: _____

The annual report must be signed by one of the partners.

I declare under penalty of perjury that the contents of the above statement are accurate.

Dated _____

(Partner Signature)